		OIPE					
		<u> </u>	Complete if Known				
Substitute for form 1449/PTO (Revised 07/2005)  INFORMATION DISCRESSIVE STATEMENT BY APPLICANT (Use as many sheets as necessary)			Application Number 10/719,679				
			Filing Date November 21, 2		003		
			First Named Inventor Group Art Unit		Steve Mundy 3627		
			Examiner Name		James A. Kramer		
			Sheet			Attorney Docket Number	
	•						
		11	. S. PATENT D	OCUMENT	rs		
	г	Document Number	S.TRIENT BOCOMESTIC				
Examiner	Cite	<u> </u>	Publication Date	Name	of Patentee or	Pages, Columns,	
Initials*	No.	Number - Kind Code (if known)	MM-DD-YYYY	Applicant of Cited Document		Relevant Passages of Relevant Figures Appear	
1.10	<del> </del>					Арре	u .
114	29	US-2004/0212833	10-28-2004	Taskett et al.			
	20	110 0000/0000573	11.05.1000	Williams et al			
	30	US-2002/0032573	11-05-1998	Monico		+	
Ţ	31	US-6,557,758	05-06-2003				
							•
-	-					+	
			•				
			-				
			1				
					·	<del></del>	
							· · · · · · · · · · · · · · · · · ·
						1-	
		FOR	EIGN PATENT	DOCUME	NITTO		
		Foreign Patent Document	EIGN PATENT	DOCUME	1412	Pages, Columns,	English .
Examiner	Cite	Foreign Faterit Document	Publication Date	Name of Patentee or Applicant of Cited Document		Lines, Where	Language
Initials	No.	Country Code - Number Kind Code (if known)	MM-DD-YYYY			Relevant Passages or	Translation
-			1			Relevant Figures Appear	Attached
		<b>_</b>	<u> </u>	ļ		Арреш	<u> </u>
pr	32	WO 98/49644	11-05-1998	Ariba Te	chnologies, Inc.		
		1	1	7.1.00 10			

\*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Examiner Signature

Date

Considered